MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JUN 14 1938

17749
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 525
(c) City St. Joseph — (d) Street No. 1626 South 11 Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice R. Powers 620
(a) Residence, No. 1626 South 11 Street St. (Usual place of abode, if no street address, write county or city) — (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1880

7. AGE — YEARS: 58 — MONTHS: 4 — DAYS: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundry.
9. Industry or business in which work was done, as saw mill, bank, etc. State Hosp. #2
10. Date deceased last worked at this occupation (month and year) Feb. 1938
11. Total time (years) spent in this occupation 6Months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER
13. NAME Patrick Powers 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

MOTHER
15. MAIDEN NAME Ann Colbert 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Mrs J F Cooney St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE May 17, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heaton BeGole & Bowman St. Joseph, Mo.

20. FILED May 16 1938 H J Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1937, to May 15 1938
I last saw her alive on May 15 1938 Death is said to have occurred on the date stated above, at 11.05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	May 15
467	

Other contributory causes of importance: Carcinoma of pancreas Jaundice F

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank H Vandegaer, M. D.
(Address) Roseburg Bldg.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X12604

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself May 15, 19

L. E.

No. — or by, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)